REMARKS

Claims 1-7 are pending in this application. Claims 1 and 3 are amended herein. Support for the amendments to claims 1 and 3 may be found in the claims as filed originally. Reconsideration is requested based on the foregoing amendments and the following remarks.

Claim Rejections - 35 U.S.C. § 103:

Claims 1-5 were rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 6,697,783 to Brinkman et al. (hereinafter "Brinkman") in view of U.S. Patent No. 6,038,566 to Tsai (hereinafter "Tsai"), U.S. Patent No. 5,911,687 to Sato et al. (hereinafter "Sato"), and U.S. Patent No. 6,283,761 to Joao (hereinafter "Joao"). The rejection is traversed to the extent it might apply to the claims as amended. Reconsideration is earnestly solicited.

The cited references describe, at most, systems which computerize information processing in a general hospital, and in which all patient information is administered through a core computer. The claimed invention, on the other hand, relates to a system that cooperates between different medical institutions. The claimed invention can thus provide information to other medical institutions if it is needed, and provide the results in a requested way and style. As described under the heading "technical field" in the specification of the present application, this can reduce vexatious complications surrounding referrals of patients in the case where medical specialists or examination facilities are not available, as in small hospitals or clinics. Also, the claimed invention can assist in the sending of introductions and the return of examination results, and then handle the cooperation among hospitals safely and smoothly. The seventh clause of claim 1, in particular, now recites:

> Reply method selection means for having said referrer medical institutions select a reply method when at said referee medical institutions diagnostic results and diagnostic information including prescriptions is to be sent from said referee medical institutions to said referrer medical institutions.

Brinkman neither teaches, discloses, nor suggests, "having said referrer medical institutions select a reply method when at said referee medical institutions diagnostic results and diagnostic information including prescriptions is to be sent from said referee medical institutions to said referrer medical institution," contrary to the assertion in the Office Action at page 9, in section (C)(1). In Brinkman, rather, the *system* may notify the caller's health care *provider* (such as a doctor or pharmacist) of the call. In particular, as described at column 12, lines 4, 5, and 6:

> At the end of the call, referring again to FIG. 7, the system may notify 717 the caller's health care provider (such as a doctor or pharmacist) of the call.

Since, in Brinkman, the system may notify the caller's health care provider of the call, Brinkman is not "having said referrer medical institutions select a reply method when at said referee medical institutions diagnostic results and diagnostic information including prescriptions is to be sent from said referee medical institutions to said referrer medical institution," as recited in claim 1.

Furthermore, in Brinkman, the system may deliver this information automatically via facsimile, e-mail, or other delivery mechanism to the *provider*. In particular, as described at column 12, lines 6 to 12:

> This provider notification 717 may include a package of information such as the caller's inquiry; any prescriptions ordered, refilled, or renewed; treatments or action items suggested; and referrals provided. The system may deliver this information automatically via facsimile, e-mail, or other delivery mechanism.

Since, in Brinkman, the system may deliver this information automatically via facsimile, e-mail, or other delivery mechanism to the provider, Brinkman is not "having said referrer medical institutions select a reply method when at said referee medical institutions diagnostic results and diagnostic information including prescriptions is to be sent from said referee medical institutions to said referrer medical institution," as recited in claim 1.

Furthermore, in Brinkman, the system may generate a call information report which the client may deliver to the *provider* via direct mail, telephone, or other manual delivery mechanism. In particular, as described at column 12, lines 12 to 18:

> Alternatively, the system may generate a call information report which the client may deliver to the provider via direct mail, telephone, or other manual delivery mechanism. The provider can then use this information when performing health care services on the caller's behalf. The provider may additionally or alternatively include the information in the provider's records for future reference.

Since, in Brinkman, the system may generate a call information report which the client may deliver to the provider via direct mail, telephone, or other manual delivery mechanism, Brinkman is not "having said referrer medical institutions select a reply method when at said referee medical institutions diagnostic results and diagnostic information including prescriptions is to be sent from said referee medical institutions to said referrer medical institution," as recited in claim 1.

Finally, in Brinkman, the system may also automatically generate or allow the *operator* to generate a report of follow-up actions that identifies tasks which the system, operator, provider, or other person or item must perform after completion of the call. In particular, as described at

column 12, lines 19 to 28:

> The system may also automatically generate or allow the operator to generate a report of follow-up actions that identifies tasks which the system, operator, provider, or other person or item must perform after completion of the call. FIG. 23 illustrates an example of a screen pursuant to which an operator may create a follow-up report. The follow-up actions may include tasks such as a reminder to call the member back after a certain period of time, a reminder to send the member certain information, or a reminder to perform research relating to the caller's request.

Since, in Brinkman, the system may also automatically generate or allow the operator to generate a report of follow-up actions that identifies tasks which the system, operator, provider, or other person or item must perform after completion of the call, Brinkman is not "having said referrer medical institutions select a reply method when at said referee medical institutions diagnostic results and diagnostic information including prescriptions is to be sent from said referee medical institutions to said referrer medical institution," as recited in claim 1.

Neither Tsai, Sato, nor Joao mentions "having said referrer medical institutions select a reply method when at said referee medical institutions diagnostic results and diagnostic information including prescriptions is to be sent from said referee medical institutions to said referrer medical institution," either, as recited in claim 1. Thus, even if Brinkman, Tsai, Sato, and Joao were combined, as proposed in the Office Action, the claimed invention would not result.

A further problem with cases like Brinkman, as described in the specification beginning at line 19 on page 1, in which an operator provides the caller with medical, pharmaceutical, and/or health benefit advice is that she/he may first choose as the hospital for referral a hospital at which a doctor she/he knows is affiliated, or a hospital to which she/he has a personal connection. In other words, it is not always the case that the referral letter is written to the most appropriate hospital. And even if an operator is able to learn of a hospital having a specialist or testing equipment that is appropriate in light of the results of a patient examination, if it is the first time that the hospital making the referral is making a patient referral with that hospital, it will have difficulty identifying the section and doctor to whom the referral letter should be addressed, and will have trouble making contact in order to schedule an appointment.

The claimed invention, in contrast, may ameliorate the sorts of issues posed by cases like Brinkman in which an operator provides the caller with medical, pharmaceutical, and/or health benefit advice, as explained in the specification beginning at line 16 on page 3, by providing a health care information system that stores information on referee medical institutions that are relatively large or have specialists for certain diagnoses, treatments, or diseases; selects

an appropriate referee medical institution based on examination information input by a doctor at a clinic or relatively small hospital; assists in the transmission of a referral letter from the medical institution making the reference; and also assists when a referee medical institution sends back a patient examination report.

Thus, in the claimed invention, in contrast to Brinkman, an appropriate referee medical institution is selected based on examination information input by a doctor at a clinic or relatively small hospital, rather than by the operator. The risks of self-dealing, carelessness, or ignorance inherent in the operator-controlled referrals of Brinkman may be reduced thereby. The fourth clause of claim 1, in particular, recites:

> Selecting appropriate referee medical institutions from said referee hospital information storage means based on examination information accepted by said examination information acceptance means.

Here, the term "based on examination information" includes, <u>inter alia</u>, information *about* a patient, as well as the information that may be listed on, for example, the patient's chart.

Brinkman neither teaches, discloses, nor suggests, "selecting appropriate referee medical institutions from said referee hospital information storage means based on examination information accepted by said examination information acceptance means," as recited in claim 1. In Brinkman, rather, the operator may request that the system generate a referral 715 in accordance with health benefit plan rules and guidelines, rather than "selecting appropriate referee medical institutions from said referee hospital information storage means based on examination information accepted by said examination information acceptance means," as recited in claim 1. In particular, as described at column 11, lines 39-46:

> Referring again to FIG. 7, if, while analyzing the caller's request and providing advice, the operator determines that the caller must visit a doctor, the operator may request that the system generate a referral 715 in accordance with health benefit plan rules and guidelines. The operator may, for example, access a database of participating providers and the rules associated with referring members to specific physicians, based on the symptom or condition described.

Since, in Brinkman, the operator may request that the system generate a referral 715 in accordance with health benefit plan rules and guidelines, Brinkman is not "selecting appropriate referee medical institutions from said referee hospital information storage means based on examination information accepted by said examination information acceptance means," as recited in claim 1.

Neither Tsai, Sato, nor Joao mention referrals "selecting appropriate referee medical institutions from said referee hospital information storage means based on examination

information accepted by said examination information acceptance means," as recited in claim 1, either. Joao, rather, describes only that the *apparatus* of the present invention, which includes no referrals, as discussed above, can also be programmed to be self-activating and/or activated automatically. In particular, as described at column 7, lines 34-42:

> The apparatus of the present invention can also be programmed to be self-activating and/or activated automatically. The apparatus of the present invention can also be programmed in order to automatically generate and/or transmit any of the e-mails, electronic message transmissions, electronic notification transmissions, and/or any of the communications, described herein, between any of the parties which utilize the present invention.

Since Joao describes only that the apparatus of the present invention can be programmed to be self-activating and/or activated automatically, Joao is not "selecting appropriate referee medical institutions from said referee hospital information storage means based on examination information accepted by said examination information acceptance means," as recited in claim 1.

Joao, furthermore, seeks to facilitate efficient diagnosis and treatment with his apparatus, not refer patients to anyone else, let alone refer them automatically. In particular, as described at column 2, lines 46-54:

> The present invention facilitates improved healthcare quality, efficient information collection, processing and dissemination, efficient diagnosis and treatment, cost efficiency, cost containment, as well as many other benefits and advantages as will be described herein. The apparatus and method of the present invention also facilitates the distribution and management of healthcare insurance, life insurance, disability insurance, as well as claims processing related thereto.

Since Joao seeks to facilitate efficient diagnosis and treatment with his apparatus, not refer patients to anyone else, Joao is not "selecting appropriate referee medical institutions from said referee hospital information storage means based on examination information accepted by said examination information acceptance means," as recited in claim 1.

Joao, furthermore, seeks to determine and/or ascertain a medical diagnosis, verify and/or check a diagnosis or treatment, or perform a self-diagnosis with his apparatus, not refer patients to anyone else, let alone refer them automatically. In particular, as described at column 4, lines 34-39:

> The present invention can be utilized for a number of applications, including, but not limited to, determining and/or ascertaining a medical diagnosis, verifying and/or checking a diagnosis or treatment, or performing a self-diagnosis. The present invention can be utilized by any of the parties described herein.

Since Joao seeks to determine and/or ascertain a medical diagnosis, verify and/or check a

diagnosis or treatment, or perform a self-diagnosis with his apparatus, Joao is not "selecting appropriate referee medical institutions from said referee hospital information storage means based on examination information accepted by said examination information acceptance means," as recited in claim 1. Thus, even if Brinkman, Tsai, Sato, and Joao were combined, as proposed in the Office Action, the claimed invention would not result. Claim 1 is submitted to be allowable. Withdrawal of the rejection of claim 1 is earnestly solicited.

Claims 2-5 depend from claim 1 and add additional distinguishing elements. Claims 2-5 are thus also submitted to be allowable. Withdrawal of the rejection of claims 2-5 is earnestly solicited.

Claim 6:

Claim 6 was rejected under 35 U.S.C. § 103(a) as being unpatentable over Brinkman in view of Joao and Sato. The rejection is traversed. Reconsideration is earnestly solicited.

The fourth clause of claim 6 recites:

Automatically referring appropriate referee medical institutions to said referrer medical institution based on said patient information.

Brinkman neither teaches, discloses, nor suggests "automatically referring appropriate referee medical institutions to said referrer medical institution based on said patient information," as recited in claim 6. Neither Joao nor Sato does either, and thus neither of them can make up for the deficiencies of Brinkman with respect to the rejection of claim 6. Neither Joao nor Sato, in fact, mentions referrals at *all*. Thus, even if Brinkman, Joao, and Sato were combined, as proposed in the Office Action, the claimed invention would not result.

In Brinkman, rather, the operator may request that the system generate a referral 715 in accordance with health benefit plan rules and guidelines, rather than "automatically referring appropriate referee medical institutions from said referee hospital information storage means to said referrer medical institution based on examination information," as recited in claim 1. In particular, as described at column 11, lines 39-46:

Referring again to FIG. 7, if, while analyzing the caller's request and providing advice, the operator determines that the caller must visit a doctor, the operator may request that the system generate a referral 715 in accordance with health benefit plan rules and guidelines. The operator may, for example, access a database of participating providers and the rules associated with referring members to specific physicians, based on the symptom or condition described.

Since, in Brinkman, the operator may request that the system generate a referral 715 in

accordance with health benefit plan rules and guidelines, Brinkman is not "automatically referring appropriate referee medical institutions from said referee hospital information storage means to said referrer medical institution based on examination information," as recited in claim 1.

The Office Action acknowledges graciously at page 12 that Brinkman discloses no "automatically referring," and seeks to compensate for this deficiency of Brinkman with respect to claim 1 by combining Brinkman with Joao and Sato. Neither Joao nor Sato, however, discloses "automatically referring," and thus neither of them can make up for the deficiencies of Brinkman with respect to claim 6. Neither Joao nor Sato, in fact, mentions referrals at *all*, let alone "automatically referring appropriate referee medical institutions from said referee hospital information storage means to said referrer medical institution based on examination information," as recited in claim 6. Thus, even if Brinkman, Joao and Sato were combined, as proposed in the Office Action, the claimed invention would not result.

The Office Action, in particular, attributes "automatically referring," to Joao, saying in section (3) at page 12:

> automatically referring (Joao: col. 7, lines 34-42; Examiner notes that Joao
> teaches that any functions (e.g., referring, etc.) can be activated automatically
> and that information can be transmitted to and/or from any of the respective
> parties (e.g., referrer, referee, etc.).

This is submitted to be incorrect. Joao does not teach that any functions (e.g., referring, etc.) can be activated automatically, contrary to the assertion in the Office Action. Joao, rather, describes only that the *apparatus* of the present invention, which includes no referrals, as discussed above, can also be programmed to be self-activating and/or activated automatically. In particular, as described at column 7, lines 34-42:

> The apparatus of the present invention can also be programmed to be self-
> activating and/or activated automatically. The apparatus of the present invention
> can also be programmed in order to automatically generate and/or transmit any of
> the e-mails, electronic message transmissions, electronic notification
> transmissions, and/or any of the communications, described herein, between any
> of the parties which utilize the present invention.

Since Joao describes only that the apparatus of the present invention can be programmed to be self-activating and/or activated automatically, Joao is not "automatically referring appropriate referee medical institutions from said referee hospital information storage means to said referrer medical institution based on examination information," as recited in claim 6.

Joao, rather, seeks to facilitate efficient diagnosis and treatment with his apparatus, not refer patients to anyone else, let alone refer them automatically. In particular, as described at

column 2, lines 46-54:

> The present invention facilitates improved healthcare quality, efficient information collection, processing and dissemination, efficient diagnosis and treatment, cost efficiency, cost containment, as well as many other benefits and advantages as will be described herein. The apparatus and method of the present invention also facilitates the distribution and management of healthcare insurance, life insurance, disability insurance, as well as claims processing related thereto.

Since Joao seeks to facilitate efficient diagnosis and treatment with his apparatus, not refer patients to anyone else, Joao is not "automatically referring appropriate referee medical institutions from said referee hospital information storage means to said referrer medical institution based on examination information," as recited in claim 6.

Joao, furthermore, seeks to determine and/or ascertain a medical diagnosis, verify and/or check a diagnosis or treatment, or perform a self-diagnosis with his apparatus, not refer patients to anyone else, let alone refer them automatically. In particular, as described at column 4, lines 34-39:

> The present invention can be utilized for a number of applications, including, but not limited to, determining and/or ascertaining a medical diagnosis, verifying and/or checking a diagnosis or treatment, or performing a self-diagnosis. The present invention can be utilized by any of the parties described herein.

Since Joao seeks to determine and/or ascertain a medical diagnosis, verify and/or check a diagnosis or treatment, or perform a self-diagnosis with his apparatus, Joao is not "automatically referring appropriate referee medical institutions from said referee hospital information storage means to said referrer medical institution based on examination information," as recited in claim 6. Thus, even if Brinkman, Joao, and Sato were combined, as proposed in the Office Action, the claimed invention would not result. Claim 6 is thus submitted to be allowable. Withdrawal of the rejection of claim 6 is earnestly solicited.

Claim 7:

Claim 7 was rejected under 35 U.S.C. § 103(a) as being unpatentable over Brinkman in view of Joao. The rejection is traversed. Reconsideration is earnestly solicited. The third clause of claim 7, in particular, recites:

> Automatically referring appropriate referee medical institutions to said referrer medical institution based on said patient examination information.

Brinkman neither teaches, discloses, nor suggests, "automatically referring appropriate referee medical institutions to said referrer medical institution based on said patient examination

information," as discussed above with respect to the rejection of claim 6. Joao does not either, and thus cannot make up for the deficiencies of Brinkman with respect to the rejection of claim 6. Joao, in fact, mentions no referrals at *all*. Thus, even if Brinkman and Joao were combined as proposed in the Office Action, the claimed invention would not result.

Claim 7 is thus submitted to be allowable, for at least those reasons discussed above with respect to the rejection of claim 6. Withdrawal of the rejection of claim 7 is earnestly solicited.

Response to Arguments:

The Applicants appreciate the consideration given to their arguments. The Applicants, however, are disappointed that their arguments were not found to be persuasive. The Office Action asserts at page 16, lines 3, 4, and 5:

> For example, Brinkman teaches generating referrals (i.e., referring) and transferring a caller to a different operator, such as a pharmacist (i.e., referring) (Brinkman: abstract; col. 11, lines 22-24).

This is submitted to be incorrect. Transferring a caller to a different operator does not amount to a referral, let alone an automatic referral. Brinkman, rather, is describing locating a pharmacist who can fill a prescription, not a referral at all. In particular, as described at column 11, lines 18-24:

> Depending on the operator's level of authorization, the operator may optionally be permitted to directly request an original prescription or refill or renewal as described below or the operator may be able to transfer the caller to a different operator (such as a pharmacist) who has such authorization for such activities.

Brinkman, similarly, describes in the Abstract, "the system or the system *with the operator's input*," i.e. not automatically, "may update the caller's member profile, request written materials, generate referrals, order prescriptions, or generate reports."

The Office Action asserts at page 16, lines 5-10:

> Moreover, the Brinkman referral system (i.e., referrer) prompts the operator (i.e., referrer) to enter a geographic location and/or other information (e.g., patient symptoms/condition) and subsequently the Brinkman referral system provides a list of providers (i.e., referee medical institutions) or specific physicians (Brinkman: col. 11, lines 47-56), ergo the system is providing the most appropriate referrals.

This is also submitted to be incorrect. Providing a list of providers or specific physicians according to geography or symptoms does not amount to a referral, let alone an automatic

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referral, any more than the list of participating physicians at an HMO web site amounts to a referral. Brinkman, rather, is describing referrals to, e.g. an emergency room based on client rules, not automatically. In Brinkman, if it is an emergency, and the rules allow it, a patient can be sent to an emergency room. In particular, as described at column 11, lines 47-56:

> For example, referring to FIG. 21a, an operator may access a referral screen which prompts the operator to enter a geographic location and/or other information. FIG. 21b illustrates that the system may list several categories of providers 2101 as well as several possible providers within each category 2102. The system may also provide a database of general provider information, and it may support emergency room and other referrals based on client rules. The system may deliver notice of the referral directly to the health care provider as described below.

The Office Action asserts at page 16, lines 11-17:

> As per the amended features of "automatically referring" and "to said referrer medical institution," Examiner notes that Joao teaches, discloses and suggests that any functions (e.g., referring, etc.) can be activated automatically; that information can be transmitted to and/or from any of the respective parties (e.g., referrer, referee, etc.); that any respective party (e.g., provider, patient, operator, intermediary, referrer, referee, etc.) can utilize the system in the same, similar and/or analogous manner (e.g., any respective party can provide referrals, be referred, etc.) (Joao: col. 7, lines 34-42). Examiner also notes that Brinkman teaches automating various features as well and therefore, strongly suggests automating other features, such as "referring" (See Brinkman: col. 11, lines 57-67).

This is also submitted to be incorrect. Joao does not teach that any functions (e.g., referring, etc.) can be activated automatically, contrary to the assertion in the Office Action. Joao, rather, describes only that the *apparatus* of the present invention, which includes no referrals, can also be programmed to be self-activating and/or activated automatically. In particular, as described at column 7, lines 34-42:

> The apparatus of the present invention can also be programmed to be self-activating and/or activated automatically. The apparatus of the present invention can also be programmed in order to automatically generate and/or transmit any of the e-mails, electronic message transmissions, electronic notification transmissions, and/or any of the communications, described herein, between any of the parties which utilize the present invention.

Brinkman, similarly, describes only updating the caller's *record* automatically, to identify the topics which the caller selected and the steps which the caller took to select the particular audiotext, not automatic referrals. In particular, as described at column 11, lines 57-67, continuing at column 12, lines 1, 2, and 3:

> During the course of and after the call, referring again to FIG. 7, the operator may

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update 716 the member profile (e.g., the caller's contact record) or create a new profile by entering information about the caller's inquiry and advice given, including information such as the caller's inquiry; any prescriptions ordered, refilled, or renewed; treatments suggested; and referrals provided. If the caller selected an audiotext topic, the system may automatically update the caller's record to identify the topics which the caller selected and the steps which the caller took to select the particular audiotext. As illustrated by FIG. 22, a call summary similar to a patient's handwritten chart may be generated using data that is automatically compiled based on the results of the call.

The Office Action asserts at page 17, lines 13-19:

Second, Brinkman, Sato and Joao do, in fact, mention referrals. For example, Brinkman teaches, "generating referrals" (Brinkman: abstract); Sato mentions, "the system searches the doctor database on the basis of patient information including the condition... [and] selects the corresponding doctor" (i.e., makes a referral) (Sato: abstract); and Joao mentions, "the present invention can also be utilized in order to find and/or locate providers...for various healthcare treatments" (i.e., to make referrals) (Joao: col. 6, lines 5-9).

This is also submitted to be incorrect. Brinkman describes referrals to, e.g. an emergency room based on client rules, not automatically, as discussed above.

Sato, for its part, describes no referrals either, let alone automatic referrals. Searching a doctor database on the basis of patient information including the condition and selecting the corresponding doctor does not amount to a referral, let alone an automatic referral, any more than searching the list of participating physicians at an HMO web site amounts to a referral, contrary to the assertion in the Office Action. Sato, rather, is describing selecting a doctor to perform an online examination and treatment via the doctor terminal and patient terminal. The patient will receive remote examination and treatment from the physician selected, not referred anywhere else. In particular, as described in the Abstract:

The present invention is a wide area medical information system and a method using thereof comprising a wide area network, a plurality of doctor terminals and patient terminals connected to the wide area network, and a management server including at least an electronic case record file storing clinic information for patient's and a doctor database storing data of a plurality of doctors, wherein the system searches the doctor database on the basis of patient information including the condition of the disease of a certain patient input from the patient terminal, selects the corresponding doctor, requests that the selected doctor take charge of examination and treatment for the aforementioned certain patient, registers the correspondence between the approved doctor and the aforementioned certain patient in the electronic case record file, gives the right to access the clinic information of the patient to the approved doctor, and executes the online examination and treatment via the doctor terminal and patient terminal, so that a patient existing in a wide area can receive remote examination and treatment services of high satisfaction and medical treatment related services other than

examination and treatment without depending on the location.

Joao, for its part, describes no referrals either, let alone automatic referrals. Finding and/or locating providers for various healthcare treatments does not amount to a referral, let alone an automatic referral, any more than searching the list of participating physicians at an HMO web site amounts to a referral, contrary to the assertion in the Office Action. Joao, in any case, is describing finding supplies, body organs, blood, medications, and/or any other goods, products, and/or supplies, insurance companies and/or payers, not providers for various healthcare treatments. In particular, as described at column 6, lines 5-9:

> The present invention can also be utilized to find and/or locate supplies, body organs, blood, medications, and/or any other goods, products, and/or supplies, etc. The present invention can also be utilized by intermediaries, such as insurance brokers, who need to find certain insurance companies and/or payers who meet the needs of certain patients and/or clients, and/or other individuals and/or third parties.

Thus, even if Brinkman, Tsai, Sato, and Joao were combined the claimed invention would not result. Still, in the interest of comeback prosecution only, and not for any reason of patentability, claim 1 has been amended further to recite, "reply method selection means for having said referrer medical institutions select a reply method when at said referee medical institutions diagnostic results and diagnostic information including prescriptions is to be sent from said referee medical institutions to said referrer medical institutions." Further reconsideration is thus requested.

Conclusion:

Accordingly, in view of the reasons given above, it is submitted that all of claims 1-7 are allowable over the cited references. Allowance of all claims 1-7 and of this entire application is therefore respectfully requested.

Finally, if there are any formal matters remaining after this response, the Examiner is requested to telephone the undersigned to attend to these matters.

If there are any additional fees associated with filing of this Amendment, please charge the same to our Deposit Account No. 19-3935.

Respectfully submitted,

STAAS & HALSEY LLP

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